Performance
Measure #66

Performance Measure #66 is divided into four sub-measures (see Performance Measures #66a, #66b, #66c, and #66d) for Fiscal Year 2006 and five sub-measures (see Performance Measures #66a, #66b, #66c, and #66d & e) beginning Fiscal Year 2007.

Performance Measure #66

The degree to which the State/Territory has ensured the operational capacity to provide pediatric emergency care.

Significance of Measure

There are gaps that currently exist in the pediatric emergency care system. For example, while pediatric patient care protocols and equipment guidelines are available, standardized adoption and use of the guidelines among providers is problematic. These gaps can result in poor pediatric outcomes (e.g., increased morbidity and mortality). This measure will ensure that providers across the pre-hospital and hospital settings are delivering optimal pediatric emergency care based on a standardized set of guidelines, which will ultimately improve the quality and adequacy of pediatric emergency care.

Definition(s)

Operational capacity

For Fiscal Year 2006, operational capacity to provide pediatric emergency care is defined by the following four elements:

a. Pre-hospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers. (*Performance Measure #66a*)

b. Pre-hospital provider agencies have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS providers. (*Performance Measure #66b*)

c. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies. (*Performance Measure #66c*)

d. Hospitals have written inter-facility transfer agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following (*Performance Measure #66d*):

   - Transportation of individuals, staff, and equipment to the alternate care site
   - The transfer of individual necessities (e.g., medications, medical records) to and from the alternate care site
   - Individual tracking to and from the alternate care site
   - Inter-facility communication between the organization and the alternate care site

Beginning Fiscal Year 2007, operational capacity to provide pediatric emergency care will be defined by the following five elements:

a. Pre-hospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers. (*Performance Measure #66a*)

b. Pre-hospital provider agencies have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS providers. (*Performance Measure #66b*)

c. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies. (*Performance Measure #66c*)

d. Hospitals have written pediatric inter-facility transfer *guidelines* that specify the following (*Performance Measure #66d*):

   - Roles and responsibilities of the referring facility and referral center
   - Process for requesting consultation and patient transfer
   - Specific sections of the patient's medical record to be sent to the referral center
   - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
   - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
   - Level of care to be provided to the patient during the transfer

e. Hospitals have written pediatric inter-facility transfer *agreements* that specify the following (*Performance Measure #66e*):

   - Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
   - Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
   - Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
   - Return transfer of the pediatric patient to the referring facility as appropriate

Pediatric

Persons up to 18 years old

Requirement

By 2011, the State/Territory has ensured the operational capacity to provide pediatric emergency care, as defined by:

a. 90% of pre-hospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers.

b. 90% of pre-hospital provider agencies have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS providers.

c. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.

d. 90% of hospitals have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

e. 90% of hospitals have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

Calculation

Calculation of this measure involves completing the appropriate attached Aggregated Data Collection Form, which includes a checklist of either four (for Fiscal Year 2006) or five (beginning Fiscal Year 2007) elements that demonstrate how a State/Territory has ensured the operational capacity to provide pediatric emergency care.

Data Collection and Analysis

- Collect information to complete the appropriate attached Aggregated Data Collection Form from the Data Collections Forms for Performance Measures #66a (page 22), #66b (page 34), #66c (page 46), and #66d (page 57) or #66d &e (page 69 and 81).
- Complete the appropriate attached Aggregated Data Collection Form.

Reporting

- Report the degree to which your State/Territory has ensured the operational capacity to provide pediatric emergency care on an annual basis to HRSA via the Electronic

Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.

- Supporting documentation should be submitted with your EMSC continuation application each year.

Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to both HRSA and the EMSC NRC.

- The EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

Implementation Considerations

N/A

Aggregated Data Collection Form for Performance Measure #66 (for use in Fiscal Year 2006 only)

Please indicate the progress your State/Territory has made towards ensuring operational capacity to provide pediatric emergency care (PM#66a, #66b, #66c, and #66d) and whether your State/Territory has met the target for each element of operational capacity.

Elements of Operational Capacity	Percentage OR Yes/No	Target	Target Met? Yes ✓	Target Met? No ✓
a. The percentage of pre-hospital provider agencies that have on-line and off-line pediatric medical direction at the scene of an emergency for: ▪ BLS providers ▪ ALS providers		90%		
b. The percentage of pre-hospital provider agencies that have the essential pediatric equipment and supplies as outlined in the AAP/ACEP Joint Guidelines for: ▪ BLS ambulances ▪ ALS ambulances		90%		
c. The existence of a statewide, territorial or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.		Yes		
d. The percentage of hospitals that have written inter-facility transfer agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following: ▪ Transportation of individuals, staff, and equipment to the alternate care site ▪ The transfer of individual necessities (e.g., medications, medical records) to and from the alternate care site ▪ Individual tracking to and from the alternate care site ▪ Inter-facility communication between the organization and the alternate care site		90%		

Targets for All Four Measures Met (Yes/No): _____

Aggregated Data Collection Form for Performance Measure #66 (for use beginning Fiscal Year 2007)

Please indicate the progress your State/Territory has made towards ensuring operational capacity to provide pediatric emergency care (PM#66a, #66b, #66c, #66d, and #66e) and whether your State/Territory has met the target for each element of operational capacity.

Elements of Operational Capacity	Percentage OR Yes/No	Target	Target Met? Yes ✓	Target Met? No ✓
a. The percentage of pre-hospital provider agencies that have on-line and off-line pediatric medical direction at the scene of an emergency for: ▪ BLS providers ▪ ALS providers		90%		
b. The percentage of pre-hospital provider agencies that have the essential pediatric equipment and supplies as outlined in the AAP/ACEP Joint Guidelines for: ▪ BLS ambulances ▪ ALS ambulances		90%		
c. The existence of a statewide, territorial or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.		Yes		
d. The percentage of hospitals that have written pediatric inter-facility transfer *guidelines* that specify the following: ▪ Roles and responsibilities of the referring facility and referral center ▪ Process for requesting consultation and patient transfer ▪ Specific sections of the patient's medical record to be sent to the referral center ▪ Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian ▪ Process for selecting the most appropriately staffed transport service to match the patient's acuity level ▪ Level of care to be provided to the patient during the transfer		90%		
e. The percentage of hospitals that have written pediatric inter-facility transfer *agreements* that specify the following: ▪ Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer ▪ Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient ▪ Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient ▪ Return transfer of the pediatric patient to the referring facility as appropriate		90%		

Targets for All Five Measures Met (Yes/No): _____